Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	ATTACHMENT 2.2-A Page 18a			
	State/Territory:	Mississippi	OMB NO.: 0938-			
Agency*	Citation(s)	Groups Cov	vered			
	В.	Optional Groups Other Th (Continued)	an the Medically Needy			
		The supplement varies in i according to cost-of-living	ncome standard by political subdivisions differences.			
		_ Yes				
		_ No				
		The standards for optional State supplementary payments are listed in <u>Supplement 6 to ATTACHMENT 2.6-A</u> .				

TN No.: <u>04-010</u> Supersedes TN No.: <u>92-03</u>

Approval Date: 03/14/05

Effective Date: 01/01/05

^{*}Agency that determined eligibility for coverage

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD))	ATTACHMENT 2.2-A Page 19 OMB NO.: 0938-
	State/Territory:	 Missi	ssippi	
Agency*	Citation(s)			Groups Covered
	В		onal Grotinued)	ups Other Than the Medically Needy
SSI 42 CFR 435.231 1902(a)(10) (A)(ii)(V) Of the Act Division of Medicaid		/x /	12.	Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in <u>Supplement 1 to ATTACHMENT 2.6-A</u> .
			/ / /x/	The State covers all individuals as described above The State covers only the following group or group of individuals:
1902(a)(10)(A (ii) and 1905(of the Act	•			x Aged x Blind x Disabled Individuals under the age of- 21 20 19 18 Caretaker relatives Pregnant women

*Agency that determined eligibility for coverage

TN No.: <u>04-010</u>

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OMB NO.: 0938-

State/Territory:

Mississippi

Agency*

Citation(s)

Groups Covered

В. Optional Groups Other Than the Medically Needy

(Continued)

1902(e)(3)Of the Act

Division of Medicaid

/x/13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

*Medical institution

Supplement 3 to ATTACHMENT 2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

IV-A 1902(a)(10) (A)(ii)(IX)and 1902(1) of the Act Division of Medicaid

/x/14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to

ATTACHMENT 2.6-A:

- Women during pregnancy (and during the a. 60-day period beginning on the last day of pregnancy); and
- Infants under one year of age. b.

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HCFA ID: 7983E

^{*}Agency that determined eligibility for coverage

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	ATTACHMENT 2.2-A Page 21 OMB NO.: 0938-
	State/Territory:	Mississippi	
Agency*	Citation(s)		Groups Covered
	В.	Optional Grou (Continued)	ups Other Than the Medically Needy
IV-A 1902(a) (10)(A) (ii)(IX) and 1902(1)(1 (D) of the Act		/ / 15.	The following individuals who are not mandatory categorically needy who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size. Children who are born after September 30, 1983 and who have attained 6 years of age but have not attainedage 19* // 7 years of age; or // 8 years of age. *A mandatory coverage group under OBRA 1990.

TN No.: <u>04-010</u>

Supersedes TN No.: 92-03

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^{*}Agency that determined eligibility for coverage

HCFA-PM-92-1 FEBRUARY 1992 (MB)

ATTACHMENT 2.2-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State/Territory:	Miss	issippi	
Citation(s)		Grou	ips Cove	red
	В.	_	onal Gro ntinued)	ups Other Than the Medically Needy
1902(a)(47) and 1920 of the Act		_	17.	Pregnant women who are determined by a qualified provider" (as defined in S1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under <u>ATTACHMENT 2.6-A</u> and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with S1920 of the Act.

TN No.: <u>04-010</u> Supersedes

TN No.: <u>01-04</u>

Approval Date: 03/14/05

Effective Date: 01/01/05

HCFA ID: 7982E

HCFA-PM-91-8

OCTOBER 1991

(MB)

ATTACHMENT 2.2-A

Page 23a OMB NO .:

Mississippi State/Territory: ____

Citation(s)

Groups Covered

Optional Groups Other Than the Medically Needy В.

(Continued)

1906 of the Act

18.

Individuals required to enroll in cost-effective employerbased group health plans remain eligible for a minimum

enrollment period of 11 months.

1902(a)(10)(F)and 1902(u)(1) of the Act

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under

Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services.

See Supplement 11 to Attachment 2.6-A.

TN No.: 04-010 Approval Date: 03/14/05 Effective Date: 01/01/05

Supersedes TN No.: 92-16

Revision:	HCFA-PM-91-8 OCTOBER 1991	(MB) .	ATTACHMENT 2.2-A Page 23b OMB NO.:
	State/Territory:	Mississippi	
Citation	Grou	ps Covered	
	В.	Optional Coverage Other Th	han the Medically Needy (Continued
1902(a)(10)((A)	_ 19. Optional Tar	geted Low Income Children who:

(ii)(XIV) of the Act

- are not eligible for Medicaid under any other a. optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);
- b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in 1902(1)(2)(D));
- c. are not covered under a group health plan or other group health insurance (as such terms are defined in 2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;
- d. have family income at or below:

200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

TN No.: 04-010 Approval Date: 03/14/05 Effective Date: 01/01/05

Supersedes TN No.: 98-05

HCFA-PM-91-8 OCTOBER 1991 (MB)

ATTACHMENT 2.2-A

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State/Territory:

Mississippi

Citation

Groups Covered

X

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in 2110(b)(4) of the Act) but by no more than 50 percentage points.

The State covers:

- _ All children described above who are under age _ (18, 19) with family income at or below _ percent of the Federal poverty level.
- The following reasonable classifications of children described above who are under age __ (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)

1902(e)(12) of the Act

20. A child under age 19 (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

TN No.: 04-010

Supersedes

TN No.: <u>01-04</u>

Approval Date: 03/14/05 Effective Date: 01/01/05

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	State/Territory:M	<u>ississippi</u>	_
Citation	Groups C	overed	
1902A of the Act	_	21.	Children under age 19 who are determined by a "qualified entity" (as defined in 1920A(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan.
			The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No.: <u>04-010</u> Approval Date: <u>03/14/05</u> Effective Date: <u>01/01/05</u>

TN No.: <u>04-010</u> Supersedes TN No.: <u>01-04</u>

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OMB NO.: 0938-

State/Territory: ____

Mississippi

Citation(s)

1991

Groups Covered

1902(a)(10)(A) (ii)(XVIII) of B. Optional Coverage Groups Other Than the

Medically Needy (Continued)

the Act

Division of Medicaid

x 22. Women who:

a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Center Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a precancerous condition of the breast or cervix;

- are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility group, and,
- d. have not attained age 65.

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TN No.: 01-16

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